

Social security for migrant workers



Belgium



Guide No 1

concerning the rights and obligations
with regard to social security
of employed persons going to work in
BELGIUM

In your own interest
READ THIS GUIDE CAREFULLY

1975

**This Guide gives only general guidance.
It must not be treated as a complete and authoritative statement
on the law in any particular case.**

**This publication was prepared by the Administrative Commission of the
European Communities on Social Security for Migrant Workers.
(Secrétariat : 200 rue de la Loi, Brussels, 1049 Belgium)**

Reproduction authorized, in whole or in part, provided the source is acknowledged.

Contents

Introduction	5
Part I - The Community Regulations	7
1. To whom do the Community social security Regulations apply?	9
2. To which countries do the Community Regulations apply?	10
3. What are the aims of the Community Regulations?	11
4. To which benefits are you entitled?	13
Part II - Social security in Belgium	17
1. General introduction	19
2. Sickness and invalidity insurance	22
3. Pension insurance	32
4. Accidents at work and occupational diseases	36
A. Accidents at work	36
B. Occupational diseases	42
5. Unemployment insurance	45
6. Family benefits	49

Useful addresses (inside back cover).

Introduction

Under the Treaty establishing the European Economic Community workers who are nationals of one of the Member States of the European Communities have the right to pursue an employment in another Member State under the same conditions as nationals of that State. The EEC Treaty also provides for the adoption of measures permitting workers moving from one Member State to another to have taken into account periods of insurance which they have completed under the social security schemes of the various Member States in which they have been employed.

To this end the Council of the European Communities drew up Regulations Nos 1408/71 and 574/52 which came into force on 1 October 1972 for Belgium, Federal Republic of Germany, France, Italy, Luxembourg and the Netherlands, and on 1 April 1973 for Denmark, Ireland and the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).¹

This Guide is designed to inform you about the rights which you and the members of your family may exercise as regards social security and to draw your attention to your duties and the formalities to be completed to qualify for the various social security benefits.

¹ These Regulations replaced Regulations Nos 3 and 4 which had been in force from 1 January 1959 to 30 September 1972.

The Guide comprises two parts:

- Part I, which sums up the main provisions of the Community Regulations;
- Part II, which briefly outlines the social security system of the Member State of the European Communities where you are going to work, as well as the benefits available and the conditions and formalities to be fulfilled to qualify for benefits.

A similar guide exists for each Member State of the European Communities.

■ Read this Guide carefully before your departure and make sure to obtain the forms mentioned in Part II

In case of doubt please consult the insurance authorities or institutions of the country you are leaving or your new employer.

The other Guides available deal with the following cases:

- Temporary residence (stay) in a Member State of the European Communities (Guide No 2);
- Workers who are sent by their employers to another Member State for a limited period, international transport workers and other workers regularly employed in more than one Member State, e.g. commercial travellers (Guide No 3);
- Pensioners and pension claimants (Guide No 4);
- Members of a migrant worker's family who have stayed behind in a Member State other than the one in which he is working (Guide No 5).

Part I

The Community Regulations

1. To whom do the Community Regulations apply?

These Regulations apply to you if you are either:

- (a) a worker or pensioner pursuing or having pursued an activity as an employed person and if you have the nationality of a Member State of the European Communities (see section 2 below) or are a stateless person or a refugee resident in a Member State; (Officials of public bodies are considered as employed persons for the branches of social security in respect of which they are insured in a scheme covering employed persons);
- (b) a member of an employed person's or a pensioner's family fulfilling the conditions set out at (a) above;
- (c) a survivor of an employed person or a pensioner pursuing or having pursued an activity as an employed person, regardless of the worker's or pensioner's nationality, provided you are a national of a Member State or a stateless person or a refugee resident in a Member State.

With the exception of certain specific cases, the Community Regulations *do not apply* to self-employed persons or to pensioners who had been self-employed.

This list is not complete. Should you wish to know whether you are covered by the Regulations, please consult the institution with which you are insured (see Part II).

2. To which countries do the Community Regulations apply?

You are covered by the Regulations only if you are resident or staying in a Member State of the European Communities listed below:

Belgium

Denmark

Federal Republic of Germany

France

Ireland

Italy

Luxembourg

the Netherlands

the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).

3. What are the aims of the Community Regulations?

- (a) One of the principal aims is to ensure that, as regards social security you will receive the same treatment as the nationals of any of the countries mentioned at section 2 above when you go there for work.
- (b) Another important aim of the social security Regulations is to ensure that by going to work in another Member State you do not lose the advantages acquired in respect of periods during which you were subject to the social security scheme of another Member State. In order to get certain social security benefits you must, under the legislation of the Member State concerned, have been either insured, employed or resident in that Member State for a specified period known as the 'qualifying period'. The Community Regulations provide that periods completed in the various Member States where you have worked must be taken into account, if necessary, to ensure that you will have completed the qualifying period prescribed by the legislation of the Member States where you are seeking benefits.

For instance, supposing you are claiming a retirement pension and you had been insured in Member State A for five years after which you went to Member State B where, you had a job and paid contributions for the next ten years. The legislation of country A as well as that of country B require that, to qualify for a retirement pension, you must have been insured in the

country for 15 years. In that case your five years of insurance in country A will be counted so as to make you fulfil the conditions laid down by the legislation of country B. Similarly, the ten years of insurance which you completed in country B will be counted so that you can fulfil the condition required by the legislation of country A.

Details on how the retirement pension will be calculated by each of these countries are given in section 4 B below.

The Community Regulations also provide that when you go to work in another Member State periods completed in the Member State where you had worked before may be used to enable you to receive sickness, maternity and unemployment benefits in the other Member State.

- (c) In general you will be insured under the social security legislation of the Member State in which you are employed. There are certain exceptions to this rule: for instance, workers posted abroad, i.e. workers sent by their employer to another Member State for a limited period, international transport workers and other workers regularly employed in more than one country. If you fall into one of these groups please consult Guide No 3.
- (d) An additional aim of the Community Regulations is to guarantee that you and the members of your family are granted the benefits for which you are eligible in whichever Member State you or they may be.

4. To which benefits are you entitled?

The following is a list and short description of the benefits which you can claim.

A. Sickness and maternity benefits (including medical benefits)

- (a) If you reside in a Member State other than the one in which you are insured, you and the members of your family may obtain benefits in kind (medical care, dental treatment, drugs and medicines, hospital treatment, etc.) through the institution of your place of residence as if you were insured with that institution.

Cash benefits to which you or your family may be entitled under the legislation of the Member State where you are insured are as a rule paid directly by the institution with which you are insured.

The members of your family may also obtain benefits if they are living in a Member State other than that in which you reside or are insured.

- (b) Under certain conditions you and the members of your family are entitled to benefits in kind while temporarily residing in (visiting) a Member State other than the one in which you are insured. The benefits in kind that you may claim are those provided for by the legislation of the Member State you are visiting.

You may also be entitled to receive cash benefit during such a stay; this benefit will be at the rate, and for the

period, laid down by the legislation of the Member State where you are insured.

For your information about your rights and the formalities to be completed, please consult your sickness insurance institution.

B. Retirement pensions and survivors' pensions

As explained in section 3 (b) above, if you had been insured in a Member State but if that period of insurance was not long enough to entitle you to a pension under the legislation of that State, account must also be taken of insurance periods completed in other Member States.

To go back to the example quoted at 3 (b), where it was assumed that you were insured in country A for five years and in country B for ten years, while the 'qualifying period' (prescribed minimum insurance period) in both Member States was 15 years. In that case you are entitled to a pension from each of these States which is calculated as follows: country A and country B each calculate the pension to which you would have been entitled had you been insured there during the whole of your insurance history, i.e. for 15 years. Once these amounts have been determined, you will receive a fraction of those amounts in proportion to the periods during which you were actually insured in each of the two countries.

In the above example:

- Country A would pay you a pension amounting to 5/15th of the pension that you would have been entitled to if you had been insured there for 15 years;
- Country B would pay you a pension amounting to

10/15th of the pension that you would have been entitled to if you had been insured there for 15 years.

If, however, in either or both of these countries the qualifying condition is fulfilled without having to take into account insurance periods completed in the other country, each of the countries in which the conditions is thus satisfied will calculate, in accordance with its own legislation, the pension due to you for the insurance periods you have completed in the country concerned. This amount will be paid to you if it is greater than the fraction calculated above.

The sum of the pensions may not be less than any minimum pension fixed by the legislation of the country where you are resident provided that you are entitled to a pension from that country.

C. Invalidity pensions and invalidity allowances

What was said at B. above applies generally to invalidity pensions. However, if you have been insured only in countries whose legislation provides that the amount of invalidity pension is not linked to the length of insurance—Belgium, France (except for the invalidity scheme for miners), Ireland, the Netherlands and the United Kingdom—you will receive one pension only; as a rule, that will be the pension of the Member State where you were last insured.

D. Accidents at work and occupational diseases

As with sickness benefit, you may receive benefit for accidents at work in cash and kind whilst staying or residing in a Member State other than the one where the institution responsible for paying benefit for that accident is situated.

Special rules exist for the granting of pensions payable for cases where an occupational disease has been contracted as a result of employment in several Member States.

Special rules also exist for cases where there has been an aggravation of an occupational disease.

E. Unemployment benefit

By taking into account periods during which you have been insured or employed in another Member State, the Community Regulations may enable you to receive unemployment benefit in a Member State where you have only worked very briefly.

You may also continue to receive unemployment benefit on certain conditions when you are leaving the Member State where you became unemployed to look for work in another Member State (see Part II).

Special rules exist for the case where during your last employment you were resident in a Member State other than that in which you were insured.

F. Family allowances

In general family allowances will be payable in respect of your children even if they are being brought up in a Member State other than the one where you are working.

Part II

Social security in Belgium

1. General introduction

1. If you are working in Belgium you are, in the same way as every Belgian worker, entitled to social security benefits.

Members of your family who are also living in Belgium are entitled to the same benefits as members of a Belgian worker's family.

The rates of benefits granted under Belgian social security are regularly adjusted to changes in the cost-of-living index.

Belgian social security covers the following branches:

- (a) sickness and invalidity insurance
- (b) pension insurance (old-age and survivors' pensions)
- (c) insurance for accidents at work and occupational diseases
- (d) unemployment insurance
- (e) family benefits.

2. *What to do to join the social security scheme*

As soon as you take up employment in Belgium your employer must take action to ensure that you are covered by the social security scheme. You need not apply to any institution.

The only exception to this rule is for sickness and invalidity insurance; you should join a mutual insurance fund (*mutualité/mutualiteit*) of your choice or register with a regional

office of the auxiliary sickness and invalidity insurance fund (*Caisse auxiliaire d'assurance maladie-invalidité/Hulpkas voor ziekte- en invaliditeitsverzekering*). Mutual insurance funds in Belgium are Christian, socialist, liberal, 'non-denominational' and 'occupational'. You are free to discontinue your membership of a mutual insurance fund and join another one on the first day of every calendar quarter. However, your fund may refuse such a change-over if you have been insured with it for less than 12 months. For further information on this subject, please apply to the new fund you intend to join.

You should complete and submit to these insurance bodies. Forms E 104 and E 105 which you can obtain on request from the sickness insurance institution of the country you are leaving, even before you set out for Belgium. If you do not already have these forms, the insurance body will request them from that institution.

The mutual insurance funds and the regional offices will in this Guide be referred to as 'insurance bodies'.

3. Contributions

You have to pay a social security contribution which amounts to a percentage of your wage or salary. Your employer deducts this contribution from your wage or salary and pays it to the national social security office (*Office national de sécurité sociale — ONSS/Rijksdienst voor maatschappelijke zekerheid — RMZ*). The only contribution which you have to pay in person is one which the insurance fund may ask you to pay for supplementary voluntary insurance cover. This possibility does not exist in the auxiliary sickness and invalidity fund.

If you are pensioned and the total length of your insurance history is only equal to, or less than, 1/3 of a full insurance record you have to pay a monthly contribution, the amount of which depends on whether or not you have dependants.

4. What to do if you do not agree with a decision taken by an institution

If you disagree with a final decision, you may lodge an appeal within one month (three years in the case of family benefits) of receiving the decision, either by registered letter or submitted to the registry of the labour court (*Tribunal du travail/Arbeidsrechtbank*) of the area of jurisdiction in which you live (if you live in Belgium) or where you last lived or stayed (if you are now living abroad).

2. Sickness and invalidity insurance

1. Sickness and invalidity insurance covers:

- health benefits;
- cash benefits during incapacity for work caused by illness, maternity or invalidity;
- a grant toward funeral expenses.

2. *Who are insured*

- (a) All employed and unemployed persons, pensioners and persons who are incapable of work, and their dependants are entitled to medical treatment.
- (b) All workers with the exception of those who do not work more than two hours a day, unemployed persons and working women during the period immediately before and after confinement (maternity leave) are entitled to daily allowances.

3. *What are the conditions to qualify for health benefits and daily allowances*

- (a) You must have joined an insurance body.
- (b) You must have worked for at least 120 days over a six-month period. This is known as the qualifying period (*condition de stage/wachttijd*). Where appropriate, periods during which you worked in another

Member State are also taken into account. For this purpose you should submit Form E 104 (see page 20).

Some periods during which you have not worked are treated as periods of work (during sickness, maternity, paid leave, etc.).

- (c) You should immediately forward to your insurance body the insurance contribution voucher (*bon de cotisation/bijdragenbon*) which your employer gives you every three months. The voucher shows your earnings during the relevant quarter and the number of days worked.
- (d) You must always undergo the checks and examinations ordered by your insurance body.
- (e) Once you have completed the qualifying period you continue to remain insured. This applies if, during the second and third quarters preceding the quarter during which you apply for benefits, you can show proof of having completed 120 days of work or days treated as days of work. If you do not satisfy this condition, please apply to your insurance body which will tell you whether you can join a continued insurance scheme which would make it possible for you to receive medical treatment.

You are not entitled to assistance from the insurance body if:

- you reside in a country which is not a Member State. There are some exceptions: consult your insurance body if you are going to stay in a non-member country;
- you are injured while participating in a sport for which you are paid;

- your sickness or injury is due to a serious mistake on your part.

Your insurance body should, on request, provide you with the necessary information.

HEALTH BENEFITS

4. You are entitled to a refund of the cost of health services in accordance with rates laid down by a regulation. The following services are reimbursable:

- visits by and consultation of doctors and specialists;
- services provided by nurses, attendants, physiotherapists and dentists;
- confinements;
- prostheses;
- pharmaceutical products;
- hospitalization;
- clinical examinations;
- functional and vocational rehabilitation.

These benefits include preventive as well as curative treatment.

As a rule the insurance body refunds 75% of fees charged for health services. If you are a widow, a disabled person, a pensioner, or an orphan and if your income does not exceed a certain upper limit, the refund is normally 100%. In some cases (e.g. for hospitalization), all insured persons are granted a 100% refund.

5. Medical and dental treatment

You may go directly to a doctor or other practitioner of your choice; you should pay the fees charged to you. The doctor or practitioner should give you a certificate showing the services provided by them, which you should submit to your insurance body. You are advised to do this as soon as possible because after a period of two years has lapsed you can no longer obtain reimbursement.

For certain special services, such as the provision of prostheses, you should first get authorization from your insurance body.

If you have treatment from a doctor or other practitioner who has not agreed to charge the official fees, you will have to pay the difference yourself. Your insurance body has a list of practitioners who provide treatment at the official rate.

6. Pharmaceutical products

You pay the dispensing chemist only the part of the price not refunded by the insurance body if you are buying a product for which a refund is payable and if you have a doctor's prescription.

7. Hospitalization

Prior to admission to a hospital you should, except in emergencies, apply to your insurance body which will give you all the necessary information and explain how you can get treatment at the most favourable tariff.

ALLOWANCES

8. *'Initial incapacity' allowance*

If you are incapable of working you should give or send a medical certificate filled in by the doctor treating you to the consulting doctor of your insurance body, not later than the second day of your incapacity. If you send the certificate at a later date you are entitled to allowances only from the day on which it was forwarded or presented.

The consulting doctor of your insurance body will estimate the length of your period of incapacity. He can in any case call you for a check.

During the first year of incapacity for work you are entitled to an allowance which amounts to 60% of your previous earnings up to a certain limit.

This allowance, however, is not paid for the days during which you are receiving the guaranteed wage. The following rules apply:

- if you are a manual worker, during the first seven days of incapacity for work you are entitled to the continued payment of your full wage from your employer. From the eighth to the thirtieth day you are entitled to your wage at a slightly reduced rate; one part of your wage is paid by your employer and the other part by your insurance body;
- if you are a clerical worker, you are entitled to the continued payment of your full salary from your employer.

This allowance is increased to 79.5% for a period of 14 weeks for women who are on maternity leave. This sup-

plement, however, is paid only to working women for days during which they do not receive the guaranteed wage.

9. Invalidity allowance

If after a year you are still unable to resume your work, you are entitled to an invalidity allowance. On the basis of a report by the consulting doctor of your insurance body, the invalidity board (*Conseil médical de l'invalidité/ Geneeskundige raad voor invaliditeit*) will assess your state of invalidity and estimate its expected duration. When you reach the age of 60 (women) or 65 (men) the invalidity allowance is stopped. You should then apply for an old-age pension (see page 32).

Payment of invalidity allowance will be stopped if you take up paid employment for which the consulting doctor has not granted you prior permission or you refuse to undergo checks.

The allowance amounts to 65% of your previous earnings if you have dependants or 43.5% if you have no dependants.

10. Invalidity pension for miners

If you are a miner you are, under certain conditions, entitled to an invalidity pension from the seventh month of incapacity for work onwards provided that you have worked in mines for at least 10 years.

A claim for such a pension should be made to the competent welfare fund (*Caisse de prévoyance/Voorzorgskas*).

11. Calculation of the invalidity allowance or the pension for miners if you have been insured in two or more Member States

In such a case your allowance or pension is calculated on the basis of the rules laid down in section 4 C of part I of this Guide.

12. Grant towards funeral expenses

On the worker's death a grant to cover funeral costs is paid to the person or persons who incurred these costs.

In order to receive such a grant the person who paid the cost of the funeral should submit to the insurance body a death certificate issued by the administration of the commune and all receipts relating to the funeral costs.

PROVISION OF BENEFITS IN ANOTHER MEMBER STATE

13. Benefits for members of your family who reside in a Member State other than Belgium

Members of your family who reside in another Member State and who are supported by you are entitled to receive health benefits in the Member State in which they are living from the sickness fund of that State as if you were insured there.

You should ask your insurance body for two copies of Form E 109 and forward it to the members of your family. Page 3 of the form shows to which institution they are to send it. You are obliged to inform your insurance body of any changes in the composition of your family.

14. If you are going to stay temporarily in your country of origin or in another Member State

(a) Health benefits

If you are going to stay temporarily in your country of origin or in another Member State—for instance, if you are going on holiday there or to visit your family—you should, before leaving, ask your insurance body for Form E 111 which will entitle you to receive health benefits in the country where you will be staying temporarily. Should you need medical treatment for yourself or for one of the members of your family accompanying you, you should hand this form to the institution of the country where you are staying, following the instructions given on the back of the form. This form is not required if you are going to the United Kingdom.

(b) Sickness allowance

If you fall ill while staying in your country of origin or in another Member State you should:

- immediately inform your employer in Belgium;
- notify your illness to the sickness insurance institution of the place where you are staying.

As long as you are incapable of working, you must undergo any medical examinations and checks ordered by the sickness insurance institution of the place where you are staying.

If you are entitled to sickness allowance, it is paid to you in the country where you have fallen ill by the Belgian insurance body.

For further information on your rights while temporarily staying in another Member State, please consult Guide No 2.

15. If you fall ill in Belgium and you want to go back to your country of origin or go to another Member State

You retain your entitlement to sickness allowance and medical treatment only if the consulting doctor of your insurance body gives you authorization to leave Belgium. This is why you should first seek the insurance body's agreement. Make sure you do so in time. You will be given Form E 112, which you should submit to the sickness insurance institution of the place you are going to, in accordance with the instructions on page 2 of the form.

16. If you leave Belgium for good to go to another Member State

You will still be entitled to the sickness allowance and to medical treatment, under certain conditions, in respect of a disease which started during the month following the end of your affiliation to Belgian insurance. You will receive medical treatment in accordance with the legislation of the Member State to which you have gone.

17. Unemployed persons looking for work in another Member State

In order to qualify for medical treatment for yourself and for members of your family accompanying you in the country where you are looking for work, you should obtain Form E 119 from your insurance body before leaving.

As soon as you or a member of your family needs treatment, you should hand this form together with Form E 303

to the sickness insurance institutions of the country where you are looking for a job. That institution is mentioned on page 3 of Form E 119. If you are ill yourself you should notify that institution that you are also applying for cash benefits, while at the same time giving the name and address of your insurance body in Belgium.

As long as you are incapable of working, you must undergo any medical examinations and checks ordered by the sickness insurance institution of the place where you are staying.

If you are entitled to sickness allowance, it is paid to you in the country where you are looking for work by the Belgian insurance body.

3. Pension insurance (old-age and survivors' pensions)

1. Who are insured

As a rule, all workers employed in Belgium are insured. However, domestic servants who do not live on the premises and work less than 24 hours a week are excluded.

2. Benefits

- retirement pension (*pension de retraite/ouderdomspensioen*) awarded to employed persons;
- survivor's pension (*pension de survie/overlevingspensioen*) awarded to the worker's widow;
- adjustment allowance (*indemnité d'adaptation/aanpassingsvergoeding*); this is a single payment to a widow who is not or who is no longer entitled to a survivor's pension;
- supply of coal to pensioned miners;
- holiday pay (*pécule de vacances/vakantiegeld*).

3. Qualifying conditions for pensions

- (a) Men are entitled to an old-age pension from the age of 65 and women from the age of 60.

You may begin to draw your pension at an earlier age (5 years at most), but in that case you do not receive the full pension.

- (b) Miners are entitled to an old-age pension at the age of 60 if they work at the surface or 55 if they work underground. Miners who have worked underground in coal mines for at least 25 years are entitled to an old-age pension regardless of their age.
- (c) Seamen are entitled to a pension at the age of 60 after 168 months of service at sea.
- (d) A worker's widow is entitled to a survivor's pension at the age of 45. There is no age limit if she is disabled, if she has dependent children or if her husband had worked underground as a miner for at least 20 years.

4. How to claim a retirement pension, a survivor's pension or an adjustment allowance

To claim these benefits you should apply to the administration of the commune in which you are living (for the lump-sum adjustment allowance you should claim within 12 months of the death of your husband).

If you do not live in Belgium you should submit your claim to the pension insurance institution of the Member State in which you are resident.

To ensure that the examination of your dossier does not cause any delay, you should, if possible, submit your application a year before you reach pensionable age.

If you are a widow of a pensioner you need not submit a

claim for a survivor's pension or for the lump-sum adjustment allowance.

5. The amount of the pension

(a) Retirement pension

The amount of your pension is calculated by taking into account the number of years you have worked and your earnings during your working life in Belgium.

Account is taken of certain periods during which you did not work as a result of incapacity or unemployment.

If you have worked in another Member State you should state this when claiming a pension; the amount of your pension is determined on the basis of the rules laid down in section 4 B of Part I of this Guide.

If your wife is dependent on you for her support, your pension will amount to 75% of your average earnings during your working life. If you do not have a dependent wife or if you are a woman, your pension will amount to 60% of your average earnings during your working life.

(b) The survivor's pension

If you are a widow, your survivor's pension will amount to 80% of the retirement pension your husband received or would have received.

The pension is paid monthly by money order, or by international money order if you live outside Belgium.

If you are pensioned and intend to work you should first inform the national fund for old-age and survivors' pensions (*Caisse nationale des pensions de retraite et de survie/ Rijkskas voor rust- en overlevingspensionen*), *Tour du Midi/Zuidertoren, 1060 Brussels*.

In any case, you cease to receive a pension if you work more than 270 hours per quarter or if your earnings exceed a fixed maximum.

4. Accidents at work and occupational diseases

A. Accidents at work

1. Who are insured

All employed persons, including those who work less than two hours per day and domestic workers. Your employer should take out a policy for his employees with a recognized insurance company or with a recognized joint insurance fund.

2. Risks covered

- (a) accidents at work, and
- (b) accidents on the way to or from work.

3. What to do in case of an accident at work

If you have sustained an accident at work or on the way to or from work, your employer must report the accident. You or a member of your family can also report the accident, using the special form which is to be sent within ten days to your employer's insurance company or fund and to the registry of the labour court (*Tribunal du travail/Arbeidsrechtbank*).

If at all possible, a medical certificate should be enclosed.

4. Benefits

1. Fatal accidents

Such an accident entitles the surviving dependents to:

- (a) a grant to cover funeral costs;
- (b) a life pension for the spouse if not divorced or separated (30% of total earnings). Request for payment of 1/3 of the capital of this pension may be made at any time;
- (c) a pension for a limited period for the children, amounting to 15% of your total earnings, increased to 20% if both of the children's parents are dead. The overall amount may not exceed 45% or 60%, respectively.

The pensions for the children are awarded only as long as they qualify for family allowances and in any case up to the age of 18.

For further details please apply to your employer's insurance company or fund.

2. Non-fatal accidents

In such a case, you are entitled to:

- (a) an allowance for incapacity for work;
- (b) refund of the costs incurred for medical treatment;
- (c) travelling expenses.

(a) Allowance for incapacity for work

Allowances are paid for temporary incapacity and permanent incapacity.

— *Temporary incapacity*

You either become fit for work again after some time, or your incapacity may show signs of becoming permanent.

In such cases the incapacity becomes 'consolidated'. The date of such consolidation is fixed by the insurance body's doctor. Your consent should be certified by the labour court.

If you do not agree with the date suggested by the insurance body you should apply to the Ministry of social welfare (*Ministère de la prévoyance sociale/Ministerie van sociale voorzorg*), *rue de la Vierge Noire/Zwarte Lievevrouwstraat, 1000 Brussels*.

During the period preceding consolidation you are as a rule entitled to a daily allowance equal to 90% of your average earnings.

— *Permanent incapacity*

Permanent incapacity is the incapacity that remains on the day of consolidation (see under 'Temporary incapacity').

For three years after that date you are entitled to an annual allowance which is calculated on the basis of your earnings and the degree of your incapacity as assessed by the insurance body's doctor.

This allowance may be increased if your state of health requires constant attendance by a third person.

During this three-year period the degree of your disablement may be reviewed (review period).

After three years your position is reassessed and a pension is payable for life. You may at any time claim 1/3 of the capital of this pension.

If you require more information please apply to the Ministry of social welfare (*Ministère de la prévoyance sociale/ Ministerie van sociale voorzorg*), *rue de la Vierge Noire/ Zwarte Lievevrouwestraat, 1000 Brussels.*

(b) Medical treatment

The medical, surgical or pharmaceutical services or treatment in hospital required as a result of your accident at work are reimbursed by your employer's insurance body until the end of the review period (see above).

Moreover, up to consolidation your employer's insurance body pays the full cost of prostheses and orthopaedic appliances required.

After that date, the accidents at work fund (*Fonds des accidents du travail/ Fonds voor arbeidsongevallen*) in Brussels is responsible for the renewal or repair of appliances.

For all treatment, you have a free choice of doctor, dispensing chemist or medical, pharmaceutical or hospital service, unless your employer or his insurance body has a recognized medical, pharmaceutical or hospital service.

Treatment provided in the services set up by your employer or his insurance body are entirely free.

If you have a free choice, the services provided are free if you are treated by a doctor or other practitioner or institution which has undertaken to charge the rates laid down (see page 22).

The treatment provided may always be checked by a doctor appointed by the insurance body or chosen by you.

At the end of the review period you should apply to your mutual insurance fund for reimbursement (see page 22).

(c) Travelling expenses

Your spouse, children, parents and you are, under certain conditions, entitled to a refund of travelling costs. Factors taken into account are the urgency, the purpose of the journey and the form of transport used.

5. *Payment of allowance*

The allowance for temporary incapacity is paid on the days that your wage or salary would normally be paid to you.

After 'consolidation' it is paid every quarter.

Pensions due after fatal accidents are similarly paid quarterly.

6. *Stay in, and return or transfer of residence to, another Member State*

— *Health services*

For information see under. 'Sickness and invalidity insur-

ance' (page 22); the only difference is that you will be issued with Form E 123.

— *Allowances*

The allowances will be paid to you in another Member State by the competent Belgian body without any conditions.

B. Occupational diseases

1. Who are insured

All employed, unemployed and disabled persons who undergo medical or vocational rehabilitation. All employers must take out insurance with the occupational diseases fund (*Fonds des maladies professionnelles/Fonds voor beroepsziekten*), which provides all benefits (medical services and pensions) if you have contracted an occupational disease.

2. Risks covered

All occupational diseases that are included in a list laid down by Royal Decree are covered. Apply to the occupational diseases fund for more information.

3. What to do when you contract an occupational disease

If you contract an occupational diseases you should apply, by registered letter, for an allowance to the occupational diseases fund in Brussels.

With the application you should also forward:

- a certificate on your civil status from the population registry;
- a medical report, in a sealed envelope, for the medical adviser of the occupational diseases fund; all relevant

- medical documents (and in case of pneumoconiosis, also X-ray photographs) are to be enclosed;
- in case of pneumoconiosis, a list of your previous employers, either in Belgium or in another Member State, also specifying the type of work done;
 - in case of occupational diseases other than pneumoconiosis, the names and addresses of your last three employers.

4. Benefits available and formalities to be completed

- (a) The following benefits are provided:
- allowances if the worker dies;
 - allowances for partial or total temporary incapacity for work;
 - allowances for temporary or permanent cessation of professional or trade activity (preventive measure);
 - medical treatment.
- (b) For details of how these benefits are determined and paid, see the information given above for accidents at work. There are, however, some differences:
- For medical treatment you are free to choose any doctor or hospital.

Normally, you should pay the relevant fees and charges directly to the doctor or practitioner. For reimbursement, please apply to the occupational diseases fund.

You are entitled to a full refund of the official charges.

— *As regards the allowances*

A request for a reassessment of the degree of incapacity for work may be made at any time to the occupational diseases fund if there has been a change in the patient's state of health. Such a reassessment may also be carried out by the fund itself.

— *Preventive measures*

If the doctor treating you or the company doctor of the firm in which you work finds that you have a predisposition to an occupational disease or if the first symptoms of such a disease have appeared, you may ask the occupational diseases fund for permission to interrupt the work you have been doing, or to order that you need no longer carry on with the type of work in which you are at risk. In such cases you may be entitled to the allowance for total temporary incapacity (see under 'Accidents at work', page 36).

Moreover, if you give up working for good but do not fulfil all the conditions required to rehabilitate disabled persons you may qualify for vocational retraining paid for by the occupational diseases fund.

Ask the fund for more details.

5. Stay in, or return or transfer of residence to, another Member State

See point 6, page 40.

5. Unemployment insurance

1. Who are insured

All employed persons, with the exception of domestic workers and persons who do not work more than two hours per day, are entitled to unemployment benefits if they fulfil the conditions set out below:

2. Qualifying conditions for unemployment benefit

- (a) You must have worked for a certain period, the length of which depends on your age. Thus, if you are over 18 but under 26, you should have worked 150 days during the ten months before you apply for benefits. If you are between 26 and 36, the number of days worked should not be less than 300 during the preceding 18 months. Periods of work completed in another Member State may also be taken into account. To this end, you should submit Form E 301 which you can obtain from the unemployment insurance body in the place where you were previously working. If you do not have this form in your possession, the Belgian unemployment institution will ask for it from the institution of the other Member State. Certain periods during which you have not worked are counted as periods worked.
- (b) You must have a valid residence permit and be unemployed in Belgium.

- (c) You should, moreover, be aged under 60 (women) or under 65 (men). If you have reached that age you should apply for an old-age pension (see page 32).
- (d) You must be fit for work. If you are not you should apply to your insurance body (see page 22).
- (e) You must be out of work and without earnings; persons receiving redundancy pay (payment in lieu of notice) are regarded as having an income for the period covered by such payments and persons who are doing work on their own account are not considered to be unemployed.
- (f) You must be available on the labour market and registered as such at the labour exchange of the national employment office (*Office national de l'emploi/Rijksdienst voor arbeidsvoorziening*).
- (g) You must undergo the daily checks provided for by the administration of the commune.

3. Amount of unemployment benefit

During the first year of unemployment you are entitled to 60% of your gross earnings up to a maximum. If you have been unemployed for more than a year, the benefit is reduced to 40% of gross earnings if you do not have any dependants or if another member of your household has earnings from work.

4. How to obtain unemployment benefit

You should submit a claim to the body which pays these benefits set up by your trade union, or, if you are not a

member of any trade union, to the auxiliary fund for paying unemployment benefits (*Caisse auxiliaire de paiement des allocations de chômage/Hulpkas voor werkloosheidsuitkeringen*).

5. Disqualification from benefit

If you are out of work because you left your job for no good reason, if you were dismissed through your own fault, or if you refused a suitable job while unemployed, you will not be granted benefit for a period of between 4 and 13 weeks. In case of a recurrence, the length of these periods is doubled. If unemployment is persistent or unusually frequent, the right to benefit may be lost altogether.

6. If you intend to go to another Member State to seek employment

If you are receiving unemployment benefit in Belgium and you think that you will be more successful in finding a job in another Member State, you may go there whilst continuing to receive Belgian unemployment benefit. A condition is, however, that you have first registered as a person in search of employment in Belgium with the regional employment office for at least four weeks. You should ask that office for Form E 303 which you should take as soon as possible—and at any rate within seven days—to the employment office/and, possibly, to the unemployment insurance office of the country where you intend to look for work. You will find all the relevant information on Form E 303/5.

While you are looking for work you must submit to the same checks as other unemployed persons in the country.

You are obliged to inform the insurance body to which you gave Form E 303 of any change in your position likely to affect your entitlement to unemployment benefits.

You retain your entitlement to Belgian unemployment benefits for at the most three months, but the Belgian institution from which you received the benefits may authorize you to stay away longer. Benefits will be paid to you in the country where you are looking for work by the insurance body to which you handed Form E 303. If you do not return to Belgium within three months and have not in the meantime been authorized to stay away longer, you will lose the right to continued payment of benefits.

6. Family benefits

1. Who are entitled

You are entitled to family benefits if you engage in gainful employment for at least four hours a day or if you are unemployed, disabled or pensioned.

The following children qualify for family benefits, provided that they do not exceed the age limit specified in the section below:

- children from your present marriage and any children born to you or your wife from a previous marriage;
- children adopted by you or by your wife;
- children for whom you or your wife are guardians;
- illegitimate children whom you have recognized as yours or children on whose birth certificate the mother's name is entered;
- your grandchildren or great-grandchildren who are members of your household;
- children for whose upkeep you pay more than half of the costs.

If several persons are entitled to family allowances for a child, e.g. the father and the grandfather, the father is given priority.

You are also entitled to family benefits for children who live in another Member State. If a child lives in a non-member country, you should submit an application to the Minister of Social Welfare (*Ministre de la prévoyance sociale/Minister van Sociale Voorzorg*), *rue de la Vierge Noire/Zwarte Lievevrouwstraat, Brussels*, for payment of family allowances for that child.

Children of deceased workers are also entitled to family benefits if the conditions below are satisfied.

2. Age limit of the child

You are entitled to family allowances for all your children up to the age of 14 or until the end of the school-year during which they reach that age.

In addition to this, you are entitled to family allowances for children aged over 14 in the following cases:

- up to the age of 16 for children who are not working;
- up to the age of 21 for children who follow a recognized and supervised apprenticeship;
- under certain conditions, a young person up to the age of 25 who is looking after your household or, if you have more than four children, helps your wife in the household;
- up to the age of 25 for children who, while satisfying certain conditions, are receiving secondary or higher education;
- there is no age limit for children who are handicapped or incapable of work (see below).

3. *To what benefits are you entitled*

- You are entitled to ordinary family allowances for each qualifying child. The rates vary depending on the number of the children: the amount for the second child is higher than for the first, the amount for the third is higher than for the second, etc. From the fifth child onwards the amount does not increase.

A daily allowance is paid for each day worked. If you work 23 days (six-day week) or 19 days (five-day week) per month, you are entitled to a lump-sum monthly allowance equal to 25 times the daily allowance.

- You are also entitled to a supplement which varies with the age of your children. These amounts increase at the ages of 6, 10 and 14.
- A supplementary allowance is awarded up to the age of 25 for handicapped children who meet certain conditions.
- If you are incapable of working or if you are disabled, the family allowances may be increased.
- In May a family holiday allowance is paid for each child for whom family allowances were payable in April of that year.
- On the birth of a child for whom you are entitled to receive family allowances, you are also entitled to a childbirth allowance if the child was born in Belgium.
- On your death your children will, under certain conditions, be entitled to orphans' family allowances at the ordinary or increased rate. They will also be granted an age supplement.

4. What to do to receive family benefits

In order to receive family benefits you should submit a claim to the compensation fund (*Caisse de compensation/Compensatiekas*) of which your employer is a member. Your employer will give you the address of the fund from which you may obtain more details.

Family benefits are paid to the mother by money order every month.

If your family is living in a Member State other than Belgium you should when making your claim also submit Form E 401 showing the composition of your family.

To qualify for childbirth allowance you should also enclose the certificate handed to you by the commune's administration when you registered your child.

This allowance can be applied for from the sixth month of pregnancy onwards; it will be paid two months before the expected date of birth as shown on a medical certificate to be enclosed with your claim.

Useful addresses

Doctor _____

Dentist _____

Chemist

Mutual insurance fund

Social Security guides for nationals of the Member States of the European Communities moving from one Member State to another

● **Guide No. 1 — General guide**

This guide sets out the rights and obligations with regard to social security of employed persons going to work in a Member State of the European Communities.

There are nine separate booklets, each containing information concerning one Member State.

● **Guide No. 2 — Temporary stay**

This guide gives information for persons going to a Member State of the European Communities to stay there for a short period (holidays, family visits, business trips).

● **Guide No. 3 — Workers posted abroad or employed in more than one Member State**

This guide is intended for posted workers, international transport workers and other workers regularly employed in more than one Member State (e.g. commercial travellers).

● **Guide No. 4 — Pensioners**

This guide is designed for pensioners who were formerly employed persons and for pension claimants, who reside or stay temporarily in a Member State of the European Communities.

● **Guide No. 5 — Members of the family**

This guide is intended for members of a worker's family who reside in another Member State of the European Communities than the worker.